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1984 SG455-1.1(A)

FISCAL YEAR

# 1983 Annual Report

JULY 1, 1982 to JUNE 30, 1983

Oklahoma Department of
Human Services

November 1, 1983

The Honorable George P. Nigh
Governor of the State of Oklahoma

Dear Governor Nigh:

The Annual Report of the Department of Human Services for the July 1, 1982 to June 30, 1983 period chronicles an unprecedented year. It was marked by a change in leadership, for the first time in 31 years, as Lloyd E. Rader retired from a distinguished career in public service and Henry Bellmon agreed to serve as Interim Director of Human Services. As the fiscal year ended, Mr. Bellmon's service as Director was coming to an end and Robert Fulton was preparing to assume the duties of Director.

Unemployment during the year was the highest since the agency's beginnings in the Depression years, while sales tax collections plunged 20 percent below the most conservative projections of a year earlier. The agency spent $69 million less than had been budgeted for the fiscal year ending June 30, 1983.

Major developments in DHS programs and services are covered this year in an abbreviated narrative, to be supplemented by a detailed statistical report and tables. The Annual Report is published in compliance with Section 2 of the Oklahoma Social Security Act of 1936.

Respectfully submitted,

Reginald D. Barnes, Chairman
Oklahoma Commission for Human Services

**"...to provide...for the relief and care of needy aged...and other needy persons who, on account of immature age, physical infirmity, disability or other cause, are unable to provide for themselves..."**

*The DHS goal—excerpt from Oklahoma Constitution, Article 25*

## A PERSPECTIVE ON DHS

*By Henry Bellmon, DHS Director, Jan. 1 to July 15, 1983*

In the midst of the Great Depression, Oklahoma citizens raised $57,000 through voluntary subscriptions in order to pay for a major study of ways to improve Oklahoma's government. The Brookings Institution of Washington, D.C. was engaged to conduct the study. Chapter V of the landmark Brookings report, delivered to Governor E.W. Marland on June 28, 1935, led directly to the creation of the DHS and had great influence in shaping its future.

The central Brookings recommendation was that "Oklahoma establish a State Department of Public Welfare, so constituted as to make possible a comprehensive, enlightened and continuous program and give reasonable assurance of a trained personnel selected on the basis of qualification for the particular work to be done."

The Brookings report expressed strongly the view that the Department should have multi-program responsibilities. The report stated "...it has been the legislative habit in Oklahoma to create a new agency when a new need has arisen. For this practice, there may be justification in some cases. But when the social and administrative meaning of a function is fully understood, when its relationship to other functions has become clear, and when the need for coordination has become apparent, the continuation of a separate agency for the administration of a single function is symptomatic of weak social leadership and popular apathy."

There is some misunderstanding of the manner in which the Department of Human Services has developed over the years. The feeling is fairly widespread that the Department has grown to its present size because of a desire on the part of the former director to build a personal empire.

As one who had a role in transferring institutions and services to the Department, it seems appropriate for me to discuss the underlying philosophy that led to at least some of the major transfers.

Initially, the Welfare Department (DHS) was created to administer income maintenance programs. The costs were borne by earmarked revenues from the sales tax. Over time, sales tax revenues increased dramatically while large parts of the cost of the initial income maintenance programs were borne by federal funds. The result was that as demand on the sales tax revenues diminished, succeeding administrations transferred a wide variety of human service programs to the DHS.

These transfers occurred not only because of the availability of financial resources but also because of the relationship of one social program to another. Since DHS had in place a delivery system reaching into each county of the state, it was reasonable to use this system to assist in the administration of such activities as vocational rehabilitation, crippled children, mental retardation, services to the deaf and blind, and the juvenile programs.

The most recent and major transfer has been the movement of the Oklahoma Teaching Hospitals. While, unquestionably, the major motivation was the availability of the sales tax revenues, the fact is that during the short time this relationship has existed, many advantageous interdepartmental relationships have developed. To cite a few examples: the staff of Children's Hospital provides professional leadership for treatment of health problems of residents at DHS juvenile institutions. The adult hospital provides professional resources to upgrade services to the elderly. The O'Donoghue Rehabilitation Institute is making substantial contributions to the Vocational Rehabilitation program which the Department administers.

It is clear that a breakup of the agency would not free resources to be appropriated to other agencies but would likely have the effect of introducing considerable inefficiency into state government and require more, rather than a lesser, utilization of state funds.

# COMMISSION FOR HUMAN SERVICES

*Reginald D. Barnes, Tulsa*
*Chairman*
*(2-62 to present)*

*Mrs. Jane Hartley, Vinita*
*Vice Chairman*
*(3-70 to present)*

*W.F. Farha, Bristow*
*Second Vice Chairman*
*(12-53 to 1-63 and*
*11-72 to present)*

*Albert Furr, Atoka*
*(7-83 to present)*

*Leon N. Gilbert, M.D.*
*Bethany (10-62 to present)*

*R.M. Greer, Enid*
*(8-53 to present)*

*David L. Walters, Okla. City*
*(5-83 to present)*

*Carl E. Ward, O.D., Sayre*
*(4-72 to present)*

*David W. Way, Norman*
*(9-82 to present)*

*Wilbur D. Cave, Fairfax*
*(6-71 to 3-83)*

*Evelyn S. Lawson, Ed.D.,*
*Tulsa (3-83 to 5-83)*

*Wennette W. Pegues, Ed.D.,*
*Tulsa (10-78 to 7-82)*

*Joe D. Voto, Atoka*
*(2-60 to 7-83)*

The Oklahoma Commission for Human Services is the nine-member governing body for the Department of Human Services. Established by a 1936 amendment to the state Constitution, the Commission formulates Department policy within constitutional and statutory limitations. Its responsibilities include appointing the Director of Human Services, administering the State Assistance Fund, approving major policies and authorizing expenditures.

Members are appointed by the Governor to staggered nine-year terms, with one term expiring each August. Three appointments were made by Gov. George Nigh in Fiscal 1983, bringing the total of commissioners appointed by Nigh to five. New members are:

—David W. "Woody" Way, Norman, former director of state finance. He was named by Gov. Nigh September 1982 to fill the unexpired term of Wennette W. Pegues, Ed.D., Tulsa, who resigned to become director of the University Center in Tulsa.

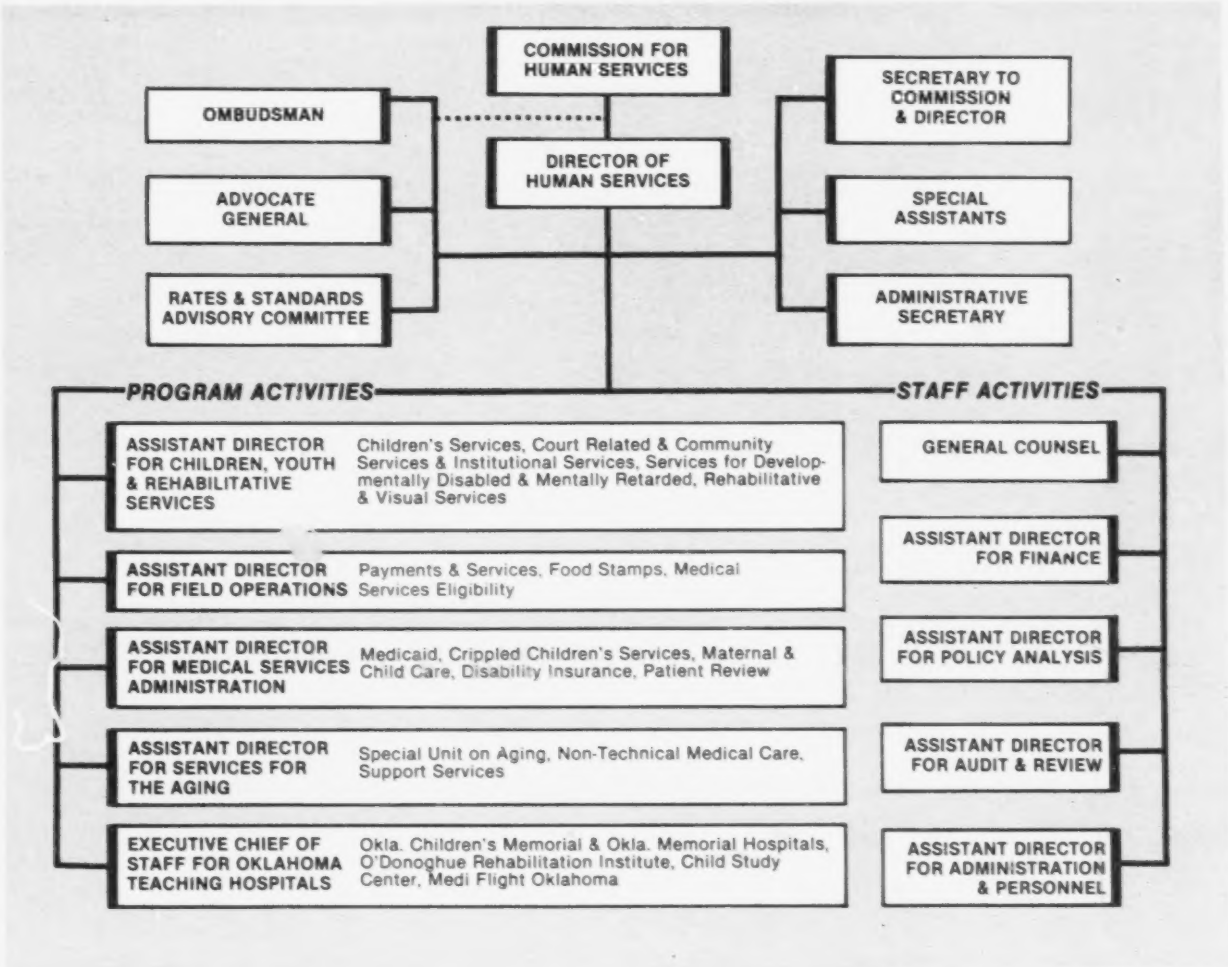
—David L. Walters, Oklahoma City businessman and former associate provost for the University of Oklahoma Health Sciences Center, whose term expires in 1991. He succeeded Evelyn S. Lawson, Ed.D., Tulsa school psychologist who replaced Wilbur D. Cave of Fairfax until her resignation in May 1983.

—Albert Furr, Atoka businessman who was appointed to complete the unexpired term of longtime member Joe Voto, also of Atoka, who resigned because of ill health. His term expires in 1988.

In July 1983, the Governor asked Reginald Barnes, Tulsa, to continue as OCHS chairman, a post Barnes has held since 1969; chose Jane Hartley, Vinita, to succeed Enid Commissioner Robert M. Greer as OCHS vice chairman.

The commission's constitutional name is the Oklahoma Public Welfare Commission. Oklahoma Commission for Human Services is an additional name given by the 1980 Legislature.

Regular Commission meetings are held on the fourth Tuesday of the month.


COMMISSION FOR HUMAN SERVICES
OMBUDSMAN
DIRECTOR OF HUMAN SERVICES
SECRETARY TO COMMISSION & DIRECTOR
ADVOCATE GENERAL
SPECIAL ASSISTANTS
RATES & STANDARDS ADVISORY COMMITTEE
ADMINISTRATIVE SECRETARY
PROGRAM ACTIVITIES
STAFF ACTIVITIES
ASSISTANT DIRECTOR FOR CHILDREN, YOUTH & REHABILITATIVE SERVICES
Children's Services, Court Related & Community Services & Institutional Services, Services for Developmentally Disabled & Mentally Retarded, Rehabilitative & Visual Services
GENERAL COUNSEL
ASSISTANT DIRECTOR FOR FIELD OPERATIONS
Payments & Services, Food Stamps, Medical Services Eligibility
ASSISTANT DIRECTOR FOR FINANCE
ASSISTANT DIRECTOR FOR MEDICAL SERVICES ADMINISTRATION
Medicaid, Crippled Children's Services, Maternal & Child Care, Disability Insurance, Patient Review
ASSISTANT DIRECTOR FOR POLICY ANALYSIS
ASSISTANT DIRECTOR FOR SERVICES FOR THE AGING
Special Unit on Aging, Non-Technical Medical Care, Support Services
ASSISTANT DIRECTOR FOR AUDIT & REVIEW
EXECUTIVE CHIEF OF STAFF FOR OKLAHOMA TEACHING HOSPITALS
Okla. Children's Memorial & Okla. Memorial Hospitals, O'Donoghue Rehabilitation Institute, Child Study Center, Medi Flight Oklahoma
ASSISTANT DIRECTOR FOR ADMINISTRATION & PERSONNEL

An administrative reorganization of DHS was announced by Director Henry Bellmon on Jan. 3, 1983. The new organizational plan was developed by Mr. Bellmon during the preceding months while he served as Associate Director. During that same period, he also prepared the Bellmon Report, issued Jan. 11, 1983, which contained numerous policy and program recommendations for improving the effectiveness of DHS.

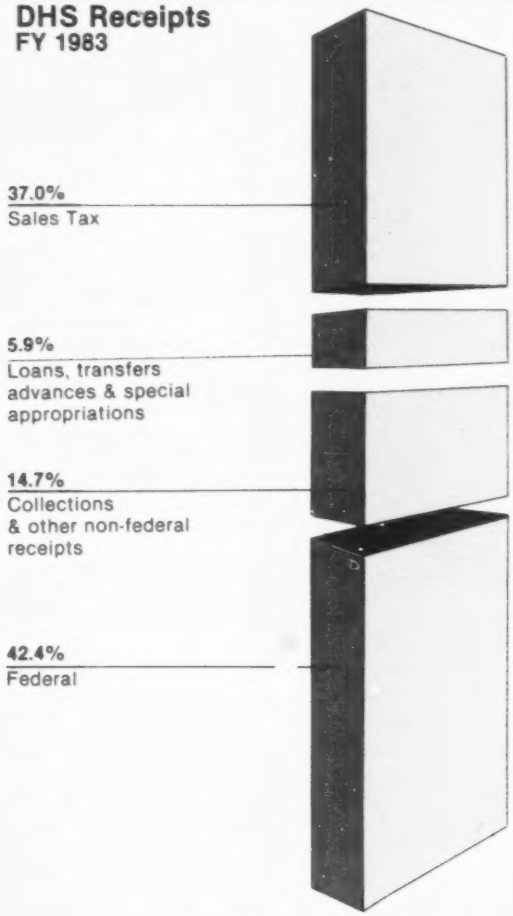
The Bellmon organizational plan separates staff functions and program activities, reduces the number of people reporting to the director personally and delegates substantial authority to a series of assistant directors.

Included in program activities is a strengthened Field Operations Division whose assistant director provides district and county administrators a single point of contact for purposes of performance appraisal, resolution of resource issues and other cross-program concerns.

Added to the organizational plan were an ombudsman, an advocate general and an in-house advisory committee on rates and standards. Charged with ongoing review of service levels and staff attitudes, the ombudsman investigates complaints from both recipients and employees and advises the commission and director. The advocate general administers a system to resolve grievances of children committed to DHS custody and investigates allegations of abuse or neglect of children in both DHS and private facilities.

Chaired by the DHS General Counsel, the advisory committee on rates and standards assists the director in developing recommendations to the commission on standards, rates and fees for purchased services including nursing homes, group homes, day care centers, foster care and in-home services.

# OKLAHOMA DEPARTMENT OF HUMAN SERVICES




| SOURCE | 1983 | Planned 1984 |
|---|---|---|
| | *(amounts in millions)* | |
| **State** | | |
| Sales tax | $ 393.8 | $ 405.0 |
| Loans, transfers, advances, special appropriations, other | 63.0 | 44.4 |
| Teaching hospitals collections | 76.1 | 98.8 |
| Other non-federal | 80.4 | 76.1 |
| *Total state & other non-federal* | 613.3 | 624.3 |
| **Federal** | | |
| *Total federal* | 452.0 | 459.2 |
| **TOTAL RECEIPTS** | **$1,065.3** | **$1,083.5** |

Source: DHS Finance Div.

The best laid plans for DHS in 1983 couldn't have anticipated the drastic cuts in sales tax revenues. Coupled with the losses were the large, unavoidable cost increases over Fiscal 1982: $35 million in medical services, $17 million in children, youth and rehabilitative services and $16 million in assistance payments, management information and administration.

Though teaching hospitals costs increased, this was largely offset by cost reductions and a $25 million increase in collections from patients, insurors and public programs.

The completion of construction projects already underway at the beginning of the year cost another $17.6 million.

Sales tax revenues to DHS dropped in 1983. The Legislature advanced, loaned, transferred and appropriated almost $50 million to make up for some shortages. Another $15 million increase from other non-federal receipts combined with significant cuts in personnel and operating costs enabled DHS to maintain all basic services.

At the end of the year, outgoing Director Henry Bellmon told the Human Services Commission, "It is well for members of the Commission to remember that despite serious financial problems, DHS has not been forced to mandate any reduction of benefits payments to recipients or services to DHS clients except in the vocational rehabilitation program."

The 1984 budget projects a total increase of only $30 million, the lowest in ten years.

A major change in DHS organization and administration began July 13, 1982 when Lloyd E. Rader announced his retirement effective December 31, ending his distinguished public service career which began in 1931 under the last of Oklahoma's pioneer governors, William H. "Alfalfa Bill" Murray.

In August, Gov. George Nigh recommended and the Human Services Commission appointed former Governor and U.S. Senator Henry Bellmon to succeed Rader. Starting in October as associate director, Bellmon began a three-month study and report on DHS programs, policies and organization at the request of the Governor and the Commission. He was assisted by Robert Fulton, then on leave from his position as chief counsel of the U.S. Senate Budget Committee.

The report, issued by Bellmon upon becoming Director in January, said, "It is appropriate at the outset to comment on the stewardship of the agency during the 31 years of Lloyd Rader's directorship. During this time, the agency grew from a relatively small operation into an activity involving more than 14,000 employees and an annual budget of $1 billion. The department has had a significant impact upon the lives of hundreds of thousands of Oklahomans. Under Mr. Rader's direction, DHS came to be recognized as one of the most effective public agencies in the nation. Mr. Rader and the Department had major impact upon federal legislation and upon the delivery of social services in other states. Mr. Rader is to be commended for these

achievements and for his leadership in developing an organization and programs that were recognized for excellence at both state and national levels."

The report, a 100-page document, said, "The overall conclusion is that, while some changes in policy and programs are indicated, the citizens of Oklahoma have been well served by the DHS. Also, while some changes in leadership below the level of the Director are needed, it is plain that by and large the men and women who make up the Department are dedicated public servants who take their jobs seriously and put forth great effort under often trying circumstances.

"While several recommendations are made as to changes in departmental operations and responsibilities, the Department should not be basically altered. Rather this report proposes a number of specific actions which can build on the fine work done by DHS in the past to produce an even more outstanding record of service to the people of Oklahoma."

One of the most controversial issues was the Oklahoma Teaching Hospitals. Bellmon said, "In retrospect, it appears the decisions to transfer Oklahoma Children's Memorial Hospital and later Oklahoma Memorial Hospital were quite timely and indeed that the transfers were either true strokes of genius or the results of an extremely fortuitous convergence of circumstances.

"Whether by accident or design, the transfers enabled the state to undertake a major construction program without the necessity of voting bonds, raising taxes or enacting special appropriations. The Children's Hospital expansion and modernization were accomplished through a combination of surplus tax revenues and monies freed up by settlement of a long-standing dispute with the federal government over social services reimbursements. The one-time costs of the adult hospital expansion were accommodated largely through unprecedented increases in state sales tax revenues in the "boom" years of 1980 and 1981.

"The net result of these expansions and modernizations has been the creation of first-class medical facilities which are lasting assets for the entire state.

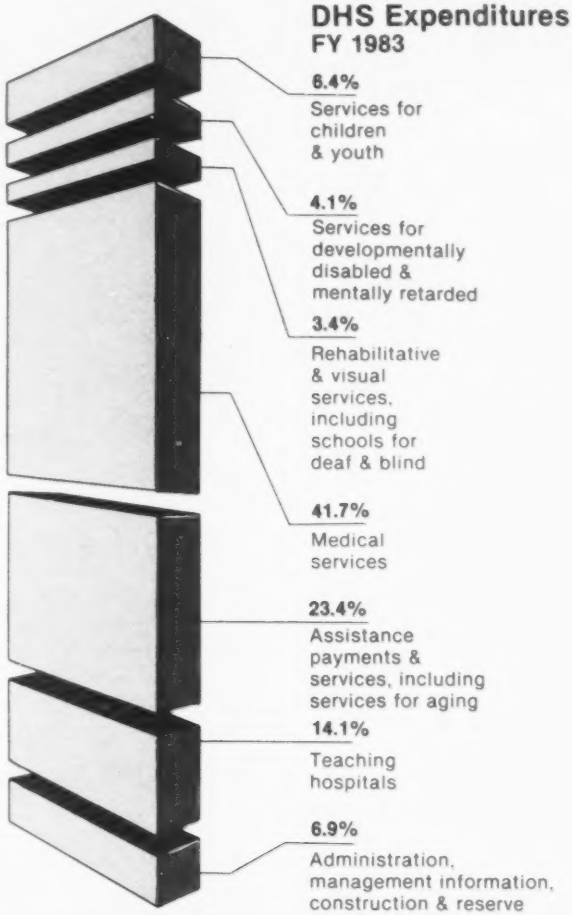
"It has been concluded that, on balance, the hospital operations should continue under the DHS umbrella for the forseeable future."

By January, sharply declining revenues forced immediate attention to the budget situation.

Among the major savings were personnel reductions of about 1,000 full-time equivalent employees from January to June.

Teaching hospital staffing was reduced more than 400, and the closings or transfers of the Whitaker home, the Boley school, the Stringtown, Taft and Burns Flat rehabilitation facilities, the Ada day care center and institutional farms resulted in further reductions. Also, as vacancies occurred only critical staff were hired.

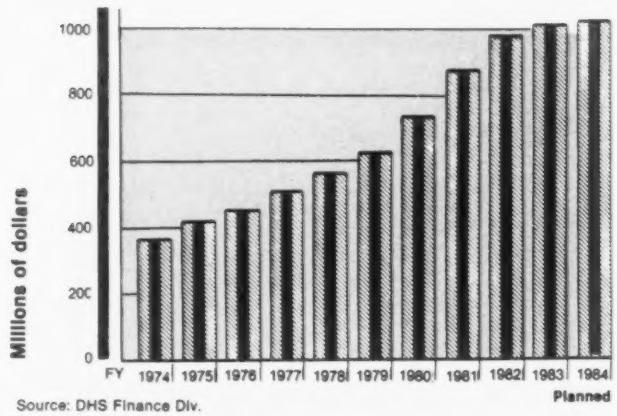
Changes in Medicaid payment methods to slow the increase in costs included new limitations on physician and nursing home payments. A revised inpatient




| PROGRAM ACTIVITY | 1983 | Planned 1984 |
|---|---|---|
| | *(amounts in millions)* | |
| Services for children & youth | $ 67.9 | $ 70.7 |
| Services for the developmentally disabled & mentally retarded | 43.9 | 54.3 |
| Rehabilitative services | 28.2 | 25.8 |
| School for the blind | 3.0 | 3.0 |
| School for the deaf & Services for deaf & hearing impaired | 4.8 | 4.5 |
| Medical services | 441.8 | 443.8 |
| Assistance payments & services, | 229.4 | 236.7 |
| Services for the aging (including nutritional & other) | 18.1 | 19.2 |
| Teaching hospitals | 148.7 | 170.6 |
| Administration | 42.7 | 37.2 |
| Management Information* | 13.1 | 13.9 |
| Construction | 17.6 | ** |
| Reserve*** | | 9.0 |
| **TOTAL COSTS** | **$1,059.2** | **$1,089.0** |

*Includes Hospital System Unit.
**Included in other activities.
***For possible adjustments in benefits and rates.
Source: DHS Finance Div.

## DHS expenditures




Source: DHS Finance Div.

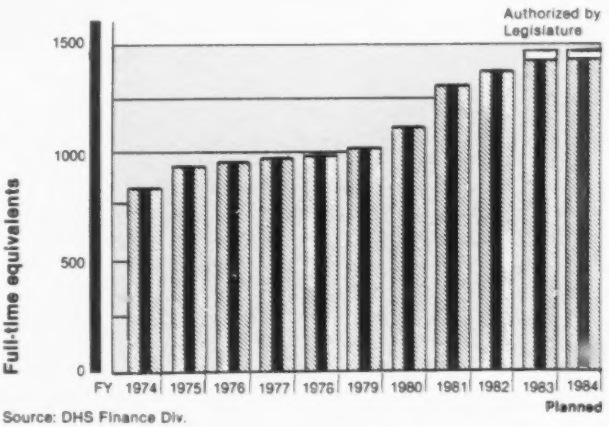
hospital reimbursement method, estimated to save $15 million annually, was announced and then challenged in federal court by the Oklahoma Hospital Association. At report time, it was still in litigation. The Medicare Part B carrier contract for DHS recipients was cancelled, and the program transferred to Aetna Insurance, saving state administrative costs.

In his final remarks as director, Bellmon said, "In approving the 1984 budget for DHS, the Legislature has mandated a further reduction in administrative costs. While there are undoubtedly areas remaining where cost tightening is possible, and even desirable, it is likely if the new Director attempts to make these necessary changes that opposition will arise. The Commission needs to be aware that unpopular decisions lie ahead and that support of the Commission will be essential if the Director is to withstand the stresses which will be generated.

"In my opinion, the Commission was fortunate in securing the services of Mr. Robert Fulton to become Director. Mr. Fulton has the advantage of a long career in dealing with programs the DHS is charged with administering. In addition, he is generally familiar with the operation of the agency and with the individuals upon whom he must rely. He comes to the agency with many new and constructive ideas and I urge he be given the full support of the Commission as he undertakes his new responsibilities."

Robert Fulton became Director of Human Services July 16, 1983.

## DHS employees




Source: DHS Finance Div.

## Directors of Human Services

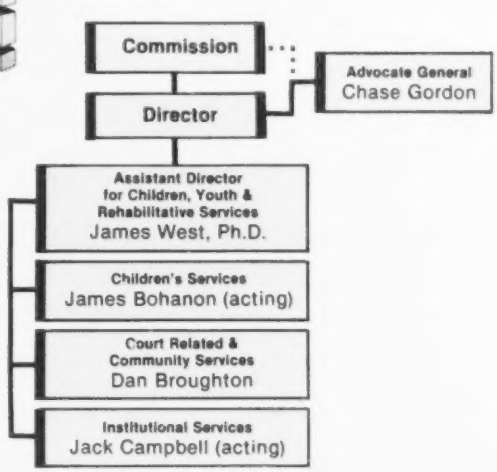
*Lloyd E. Rader (November 15, 1951 to December 31, 1982)*

*Henry Bellmon (January 1, 1983 to July 15, 1983)*

*Robert Fulton (July 16, 1983 to present)*

# CHILDREN & YOUTH SERVICES

6.4%
of FY 1983
total expenditures




The network of children's services continued to evolve in 1983, but the pace quickened due to changes in Oklahoma's juvenile law and the reorganization of the Department.

Several thousand young Oklahomans and their families received services through programs for children and youth. Last year, cost for services reached $67.9 million—6.4 percent of total DHS expenditures. Combining programs under one assistant director brought about better coordination at local and state levels.

Modifications in the Children's Code mandated increased emphasis on community-based services and reduced dependence on more restrictive institutions.

Four DHS juvenile institutions with more than 600 beds were closed in the last three and one-half years.

The closing of Whitaker State Children's Home and Boley State School for Boys with 340 beds in 1983 was the direct result of changes in the Children's Code.

During the year, DHS staff developed classification criteria for placing serious, violent and habitual juvenile delinquents in institutions, most of whom would not be able to profit from community-based services.

The Department accelerated community-based services. During 1983, 104 beds in five DHS-operated and nine contracted group homes provided placement for 275 juveniles. The average length of stay for these boys and girls was seven months.

Specialized foster homes were developed to provide intensive care and three day-treatment programs served 113 youth.

Special programs were started to increase the effectiveness of community-based services including team staffing in 45 counties and intensive caseload services in 17 counties. The program served 175 youth and their families, and provided intensive community supervision appropriate to the severity of the problems.

***Mental Health Services.*** For the first time, the Department was mandated to provide mental health treatment for children in custody.

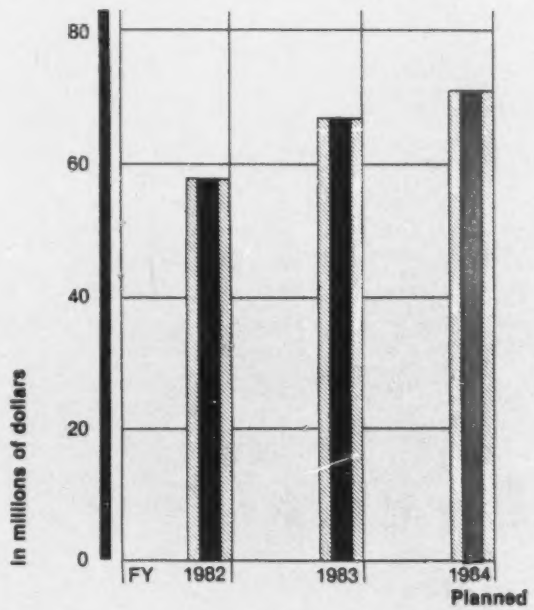
HB 1468 requires that children adjudicated "in need of treatment," placed in DHS custody and requiring institutional care receive services in a treatment center accredited by the Joint Commission on Accreditation of Hospitals. The Central Oklahoma Juvenile Treatment Center in Tecumseh has applied for accreditation.

HB 1468 did not differentiate the mental health responsibilities of DHS from those of the Mental Health Department. Planning and negotiations through the Interagency Task Force and ongoing planning groups of the two agencies coordinate these services.

***Planning and oversight of services for children.*** HB 1468 mandated the establishment of the Oklahoma Commission on Children and Youth. This statutory body is authorized to plan and coordinate children's services with public and private agencies.

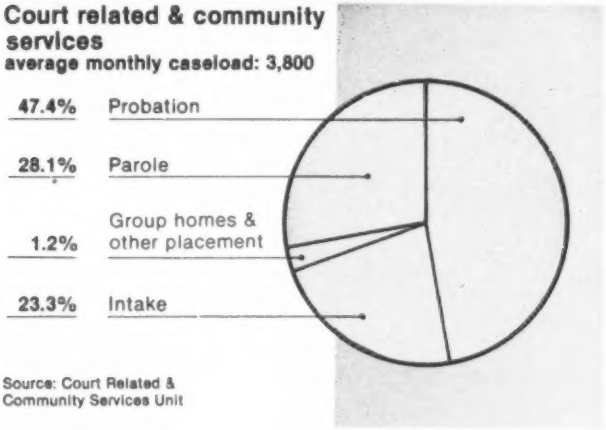
The Office of Juvenile System Oversight with broad responsibility in monitoring both the public and private

**Expenditures: Children & Youth Services**



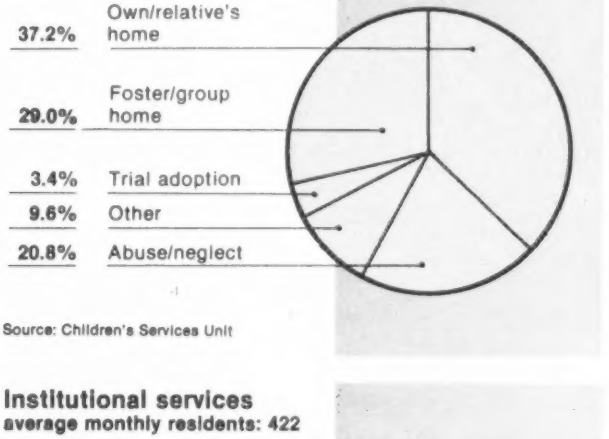

Source: DHS Finance Div.

**Court related & community services**
**average monthly caseload: 3,800**



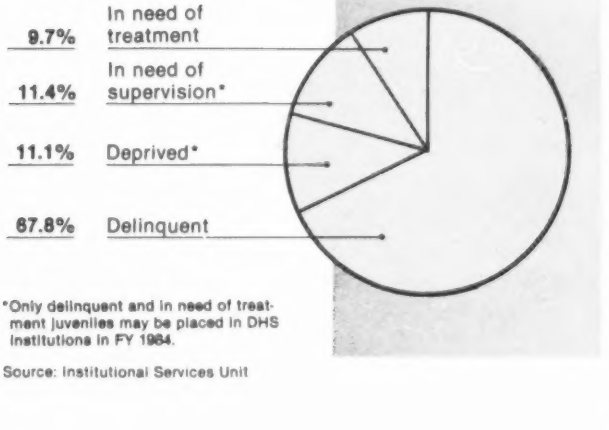

Source: Court Related & Community Services Unit

**Children's services**
**average monthly caseload: 6,100**




Source: Children's Services Unit

**Institutional services**
**average monthly residents: 422**




*Only delinquent and in need of treatment juveniles may be placed in DHS institutions in FY 1984.

Source: Institutional Services Unit

juvenile care system reports to the Commission.

The Oklahoma Council on Juvenile Justice, composed of 25 to 50 members appointed by the Commission, serves as an advisory body for planning, coordination, development and improvement of services to children and youth. Patterned somewhat on the Oklahoma Council on Juvenile Delinquency, which served as an advisory body to DHS, the Council on Juvenile Justice serves in an advisory capacity to the Commission, DHS and the Mental Health, Health and Education departments.

The Office of Advocate Defender, established by the Commission for Human Services in 1978, was given statutory recognition by the provisions of HB 1468. This office is now responsible for investigation of allegations of neglect or abuse and the resolution of grievances concerning children in the Department's custody.

In addition, all DHS programs and services for children and youth made application for accreditation with the appropriate national accrediting associations before the close of Fiscal 1983, in compliance with Children's Code revisions.

***Ongoing programs.*** In addition to new programs and emphases, most pre-existing DHS services continued: Court Related and Community Services, Children's Services (formerly Child Welfare), Institutional Services, and contracts with Youth Services, emergency shelters and residential child care providers.

***Court Related and Community Services,*** initiated in 1975, operates under guidelines set by the Oklahoma Supreme Court Juvenile Oversight Committee and provides intake, probation and parole services in 74 counties, and parole services in the three metropolitan counties.

In 1983, CRCS staff did more than 10,000 intakes, supervised 5,000 children on probation and 1,700 on parole and in DHS custody.

Five DHS-operated group homes and five contracted programs operating nine group homes, with a bed capacity of 104, provided services for 275 male and female juveniles with an average stay of seven months.

About 1,650 juveniles paid their victims $232,000 in 1983, bringing restitution payments to more than $1 million since the restitution program started in 1978. Over 91 percent of the payments were monetary and 8.5 percent were "community good works" or symbolic restitution. Almost half of the juveniles participated voluntarily, and the remainder by contract with the district attorneys or by order of the juvenile courts. The restitution success rate rose from 95 percent in 1982 to 96 percent in 1983.

***Youth Services.*** Since the mid-1970s, Youth Services programs provided another diversion of youth in crisis and their families from the juvenile justice system, assisting them in resolving their problems at home. In 1983, DHS contracted with 37 Youth Services Centers that provided one or more community-based services

for 11,000 young clients and their families, including 5,800 who received emergency shelter services with an average stay of seven days.

***Children's Services*** has the primary mission of providing protective services for children, including investigating allegations of child abuse and neglect; and carrying out programs of adoption, foster care, residential and psychiatric placement, child care facility licensing, and the interstate compact on placement of children.

In 1983, Children's Services assisted almost 2,600 children monthly, all of whom are in legal custody or supervised by DHS. On June 30, 1983, there were 1,600 children in foster care homes, 12 in group homes and 1,900 in own or relative's home.

There were more than 15,000 reports of abuse or neglect filed in 1983. Of these, 4,627 cases were confirmed resulting in 1,400 petitions for court adjudication as deprived. Twenty-one Oklahoma children died of child abuse.

There were 149 reports of abuse or neglect by staff in DHS juvenile institutions, with 23 confirmed.

Protective Services diverted some 3,200 cases from the court system by providing services in the child's or a relative's home.

During the year, emergency shelters in Tulsa and Oklahoma Counties served 2,100 children, and four group homes served almost 60 young girls or teenage mothers and their babies.

The Adoption Unit placed 370 children during the year, and completed more than 840 independent studies for adoptive placement.

The Interstate Compact for Children placed 750 children in 1983—400 in Oklahoma and 350 in 38 other states.

DHS is responsible for licensing child care facilities. The rated capacity for Oklahoma's facilities is more than 55,000 including 50,000 children in 1,000 day care centers. Family day care homes have a capacity of 3,800 in 900 homes, 26 private institutions are licensed for almost 1,200 and 31 emergency shelters have 350 spaces. There are 25 licensed child placing agencies, seven with group homes, and 12 certified adoption agencies.

***Institutional Services*** for juveniles were dramatically changed in 1983.

HB 1468 directed that deprived children could not be placed in DHS institutions after October 1982. The bill further restricted the placement of juveniles adjudicated as "in need of supervision" and "delinquent." With the use of institutions restricted, the closing of facilities was inevitable.

By year's end 340 beds at two institutions were closed leaving the Department with 200 beds authorized for delinquents, 64 beds for children in need of treatment, and 56 beds for diagnosis and evaluation.

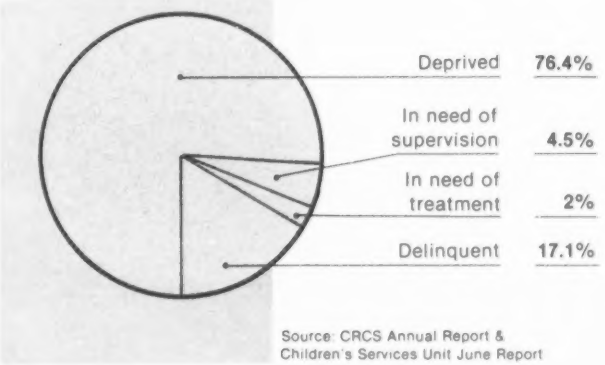
The mission of the Central Oklahoma Juvenile Treatment Center was changed to focus on children adjudicated in need of treatment. In addition, the center has a new diagnostic and evaluation role for children adjudicated as in need of treatment or in need of supervision.

At the end of 1983, some 260 juveniles were assigned to the four DHS-operated facilities, with 177 on campus and 86 on leave or absent without leave.

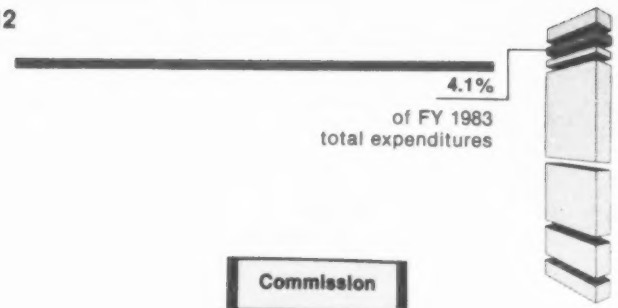
The extent of need for institutional services for children in Oklahoma in the future is not entirely clear, Henry Bellmon told the Governor and the Commission in January. "There are some concerns being expressed that the community-based approach may prove less successful than now anticipated, and that DHS will face the necessity of re-enlarging the institutional system within a few years. This is a legitimate concern, but it need not prevent scaling down the DHS juvenile institution system to the level that present best estimates indicate will be needed."

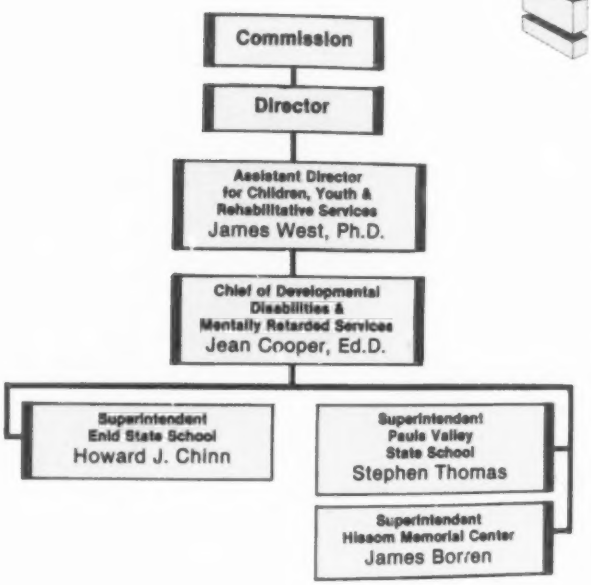
In his final July report, Bellmon said, "Much of the negative attention which the juvenile program attracted at one time seems to have abated. This present lull should not obscure the fact that serious problems remain in the juvenile area. The development of community-based services as mandated by HB 1468 needs constant attention since the potential for abuse by unscrupulous operators is considerable. Also, the development of a positive, aggressive remedial educational thrust for juveniles who are institutionalized is essential. The Commission may wish to consider the possibility of establishing, in cooperation with the State Department of Education, a volunteer educational program for institutionalized juveniles who have difficulty adapting to the normal public school program. Such an effort could assist these troubled young people in realizing their educational potential and becoming productive citizens thus avoiding later criminal activity."

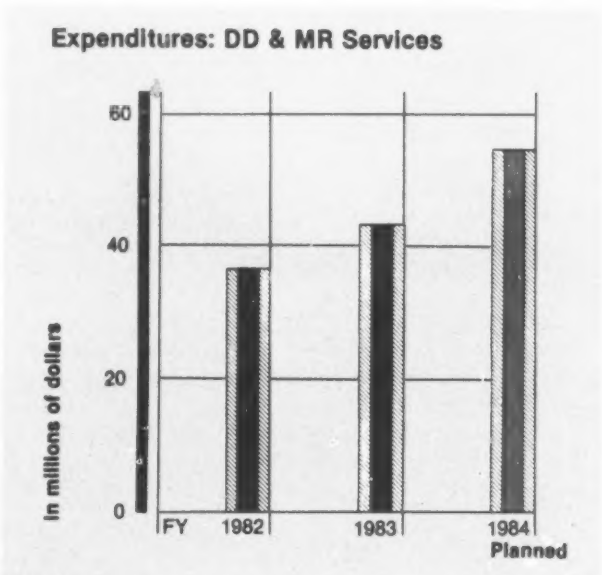
**Children in DHS legal custody**
**4,360 during June 1983**




Source: CRCS Annual Report & Children's Services Unit June Report




Source: DHS Finance Div.

# SERVICES TO THE DEVELOPMENTALLY DISABLED & MENTALLY RETARDED

Oklahoma is moving in a new direction in providing services to its mentally retarded. The goal is to help the mentally retarded function as independently as possible and to offer alternatives to institutionalization whenever possible.

Not since 1963, when the three schools for the mentally retarded were brought under the DHS umbrella, have programs for the retarded received so much attention.

It was then Gov. Henry Bellmon who proposed and signed into law the transfer of the schools; as U.S. Senator in the early 1970s, it was Bellmon who proposed Medicaid amendments authorizing intermediate care facility payments for the mentally retarded, and in 1983 it was DHS Director Bellmon who supported the expansion of a program of community-based services for the mentally retarded.

The Oklanoma Commission for Human Services approved this new direction in June 1983 by adopting a report produced at the commission's direction by DHS program administrators.

That report resulted from Bellmon's conclusion that a comprehensive reassessment of the needs of mentally retarded persons being cared for by DHS and existing mental retardation services should be made.

The report was presented to the commission by Jean Cooper, Ed.D., an experienced administrator formerly with the Texas Department of Mental Health and Mental Retardation, who was hired as chief of DDMR services in January. It included an assessment of clients' needs, programs, staff, and residential buildings at the schools.

Findings indicated a need for major change in the mental retardation services delivery system. The report concluded that many residents at the schools could be better served in the community; that a comprehensive program to improve community services should be launched; that the residents remaining in the institutions require more intensive levels of service than previously received; that additional staff and improved inservice education and training are required to enhance the residents' care, and that many school buildings require immediate renovation to meet federal ICF-MR requirements.

Plans for dealing with program deficiencies and for new delivery methods were developed from findings of the Cooper report; the Sullivan study completed for the Department in early 1983; and evaluations from the Dallas Regional Office of the U.S. Department of Health and Human Services and the Justice Department.

The study by Thomas Sullivan of BioManagement Corporation, Boston, commended the good practices employed by DHS, as well as pointing out deficiencies. It was presented to a legislative committee in early 1983 and provided part of the background for the report made to the Commission in June 1983.

The 1983 Legislature, responding to the need for renovations at the schools, appropriated $2 million to begin bringing the facilities into compliance with